

KY STATE BOARD OF EXAMINERS & REGISTRATION OF LANDSCAPE ARCHITECTS
ANNUAL **ACTIVE** RENEWAL NOTICE AND INVOICE
FISCAL YEAR JULY 1, 2011 – JUNE 30, 2012
AMOUNT DUE = \$200 Active Renewal Fee
Due on or before June 30, 2011



Name: _____

Home phone: _____

Employer: _____

Work phone: _____

Address: _____

Cell phone: _____

Email: _____

City, State, Zip: _____

KY LA Registration #: _____

MAKE CHECKS PAYABLE TO & REMIT CHECKS TO:
Ky. Board of Landscape Architects
163 West Short Street, Suite 351
Lexington, KY 40507

Each box below must be checked in order to renew:

☐ I hereby request that my Landscape Architect registration listed above be renewed in the Commonwealth of Kentucky.

STATEMENT OF FACT - REQUIRED BY KRS 164.772

☐ I hereby state that I am not in arrears or default on a repayment obligation under any financial assistance program with Kentucky Higher Education Assistance Authority. I understand that if I am in arrears or default on a repayment obligation under any financial assistance program with Kentucky Higher Education Assistance Authority, my registration to practice landscape architecture in the Commonwealth of Kentucky may not be issued.

Signature

Date

PLEASE NOTE: Any inquiries or publication of registrants after June 30 will list as valid only those licenses which have been renewed. KRS 323A.010(6) provides that any license not renewed within 60 days of June 30 will be automatically suspended.

In addition to this form, the
CONTINUING EDUCATION REPORTING FORM (CE-1)
Must be completed for registration renewal.

Please print the above form from the Board website, complete and submit it with your payment & this form.

Kentucky State Board of Examiners & Registration of Landscape Architects
163 West Short Street, Suite 351, Lexington, KY 40507 (859) 246-2753 FAX (859) 246-2754

Continuing Education Approval Request & Affidavit – 5/02
(Form #CE-1)

Date _____

Name _____ Registration # _____

Address _____

This Column To Be Completed by Applicant	Credit Hours	Board Use Only	
Conference Sessions Requested for Approval (Date, Title, Location)	Earned	Approved	Disapproved
Carry forward Hours	_____		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL	_____	Reviewed by:	_____
Carry forward Hours (Above TOTAL less 15 hours) (Maximum Carry forward = 15)	_____	Approved by:	_____

AFFIDAVIT OF COMPLIANCE: I certify that I attended the above continuing education courses and that the hours attended are correct. By certifying that I attended the above listed courses, I understand that my license to practice Landscape Architecture in the Commonwealth of Kentucky may be revoked if I falsify any of the information or if I did not attend a listed course. I understand that the Kentucky State Board of Examiners & Registration of Landscape Architects has the right to verify my attendance to the above listed courses. I have retained in my files a registration receipt, canceled check or other acceptable verification of my attendance to the above listed course.

_____ Signature	_____ Printed or Typed Name	_____ Date
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This form must be legibly printed or typed for Board review. This form must also be signed and sealed. The Board shall audit, based upon a random selection, at least five percent (5%) and no more than fifteen percent (15%) of the registrants.

SEAL